

**Job Shadow
Adult Mentor Evaluation Form**

Please return this form with the job shadow student or you may fax it to the number below.

Return Fax Number: _____ ATTN:

Name of Job Shadow Adult Mentor _____

Title of Adult Mentor _____

Phone _____ Fax _____ E-mail _____

Company Name _____

Address _____

City and Zip Code _____

Type of Business _____

Thank you for participating in our job shadow experience. This has been a very worthwhile opportunity for our students and teachers because of such great business partners who are willing to partner with education. Would you please give us some feedback on the job shadow experience. We would like to use your input to strengthen the experience for both students and employers.

1. What would you suggest to improve this experience for you and your business?

2. What would you suggest to improve this experience for the student?

3. List any other comments.

4. Would you be interested in participating in any of the following activities:

- | | | | |
|--|-----|-------------|---|
| • One Day or After School Job Shadow Student | yes | no | |
| • Career Fair Presenter | yes | no | If yes, which industry _____ |
| • Classroom Career Speaker | yes | no | If yes, topic: _____ |
| • Host a Field Study to Your Worksite | yes | no | If yes, indicate type of field trip _____ |
| • High School Student Intern | yes | no | |
| • Grade Level Preference | ALL | High School | Jr. High Elementary |

Thank you for your comments. If you have questions or concerns about this activity, please call.....